ISSUE SLIP STAPLE AREA (for additional cross references) **INITIALS** ID NO. **FEE DETERMINATION** O.I.P.E. CLASSIFIER **FORMALITY REVIEW INDEX OF CLAIMS** Rejected Non-elected Allowed Interference (Through numeral)... Canceled Appeal Restricted Objected Date Claim Date Claim Date Final Original Original BEST AVAILABLE COPY If more than 150 claims or 10 actions

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